REQUEST FOR ADMINISTRATIVE WAIVER OF THE JONES ACT

302477



U.S. Department of Transportation Maritime Administration

Form Approval: OMB No. 2133-0529

This collection of information is required to obtain a waiver of the U.S.-build and other requirements of the Passanger Services Act (46 App. U.S.C. 289) and will be used by the Maritime Administration to determine if the applicant is entitled to a waiver. Public reporting burden is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. No assurances of confidentiality are provided. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2133-0529.

REQUEST FOR ADMINISTRATIVE WAIVER OF THE JONES ACT Public Law 105-383, Title V

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| 1. Name of the Vessel: Altair | |
|---|----------------|
| 2. Owner Information: | · |
| Name: | Telephone No.: |
| MICHAEL TANSEY | |
| | FAX No.: |
| | Email: |
| 3. Vessel Official Number (or Hull Identification No., or State No.): HA 7238 E | |
| 4. Date of Vessel Construction: 1987 | |
| 5. Place of Construction: TAIWAN | |
| 6. Size, capacity and tonnage of the vessel (state whether tonnage is measured pursuant to 46 U.S.C. 14502, or otherwise, and if otherwise, how measured) | |
| Size: 36' x 13' length 21,000 lbs. tonnage (five(5) net ton minimum) | |
| Capacity: 6 - 12 passengers | |
| Measured pursuant to 46 U.S.C. 14502? ☐ Yes ☐ No Other: SURVEY. | |
| 7. Intended commercial use of the vessel (attach pages if needed): | |
| Boat Riding & Fishing, SNORKUNG, SCUBA DWING, WHALE WATCHING. | |
| 8. Geographic region of intended operation and trade: | |
| Hawaii | |
| | |
| 9. A statement on the impact this waiver will have on other commercial passenger vessel | |

operators, including a statement describing the operations of existing operators (attach pages as needed): My operation is too small to have any negative impact on other commercial operators.

The operations of existing operators is Diving, Fishing and Whale watching.

10. A statement on the impact this waiver will have on U.S. shipyards (attach pages as needed):

None

11. By submitting this information you are deemed to have certified that the above information is true and correct. If you believe there may be an error, click the RESET button to clear the form and start again. If the information is correct, please click SUBMIT to forward the application to the Maritime Administration. Instructions will follow on how to pay the application fee.

FORM MA-1023 (E) (2-03)

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E mail to Michael Hokana @ marad dot gov Phone 202-366-0760